

SCHEDULE P.

(See section 450.)

CERTIFICATE OF CAUSE OF DEATH.

I do hereby certify that I attended the deceased during his last illness, and that the cause of his death was, to the best of my belief (*here state particulars*).

Date

(Signed)

Medical Designation or Diploma.

SCHEDULE Q.

(See section 453.)

FORM CERTIFYING NAME GIVEN IN BAPTISM.

I, _____, of _____, do hereby certify that on the _____ 18____, I baptized by the name of _____ a male child produced to me by _____ as the _____ of _____, and declared by the said _____ to have been born at _____, on the _____ 18____

(Signed by Officiating Minister.)

Date

FORM CERTIFYING NAME GIVEN NOT IN BAPTISM.

I, _____, do hereby certify that the _____ male child, born on the _____ 18____, at _____, to _____ and _____ his wife, and registered in the district of _____ on the _____ 18____, has received the name of _____

(Signed by father or mother, etc.)

Date